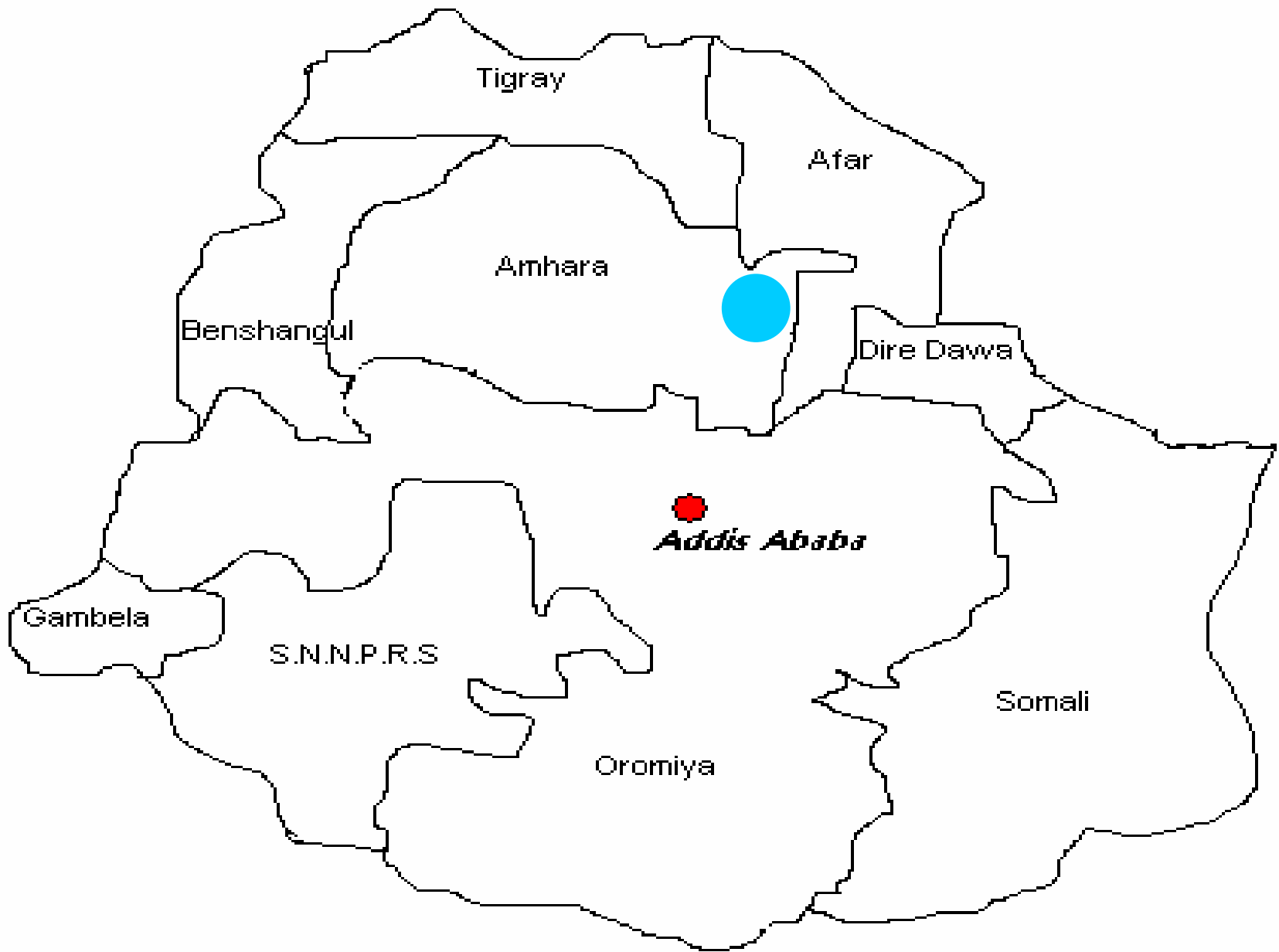


Concern in Ethiopia

- 1984 famine TFCs and SFPs
- 2000-1 emergency decentralised SFP
- Continued support for EGS
- 2002/03 long term food security programme (agriculture and livestock)
- Partnership: MoA, Disaster Preparedness and Prevention Committee (DPPC)
- Links with MoH - EPI



Tigray

Afar

Amhara

Benshangul

Dire Dawa

Addis Ababa

Gambela

S.N.N.P.R.S

Somali

Oromiya

Demographics

- **Kalu and Dessie Zuria Woredas, S.Wollo**
- **Total population 470,000 (3% growth rate)**
 - **Planning Target <5's: OTP 2300, SFP 8150 (based on Nov 02 surveys)**
- **Predominant livelihood**
 - **mixed agriculture, livestock**

Access

- **Target area 260,000 hectares**
 - 8 hours drive across
- **Poor Accessibility**
 - Mountainous, degraded
 - Poor roads
- **Secure**

Epidemiology

- **Acute malnutrition** (Nov/Dec 02) (Kalu/Dessie Zuria)
 - **GAM 16.6/17.2% SAM 4.0/3.1% (z scores)**
 - **Oedema 3.3/1.8%**
- **Malaria**
 - **Seasonal outbreaks (May, October)**
- **HIV**
 - **3 million PLWHA (10.6% of the adult population - UNAIDS)**
 - **Local estimation 10% (zonal hospital)**

Health Infrastructure

- **Health and nutrition support in place in the intervention area:**
 - **1 Zonal hospital – Dessie. Covering population of 2.4m. 50 paediatric beds**
 - **21 clinics (approx 1:22,000)**
 - **1 doctor / 470,000**
 - **43 nurses / 470,000**
 - **137 Community Family Planning Agents**

Underlying Causes

- **Recurrent drought/famine – loss of assets**
- **Natural resource degradation**
- **Poor basic infrastructure**
- **Population growth**
- **Land policies**

External interventions

- **EGS**

- 50% of population from Jan/Feb 2003 to Sept
- 12.5kg grain/p/m increased to 15kg (1750kcal/p/d)
- Community Targeting (20% free)

- **Blanket feeding**

- <5's and P/L in worst affected areas (50,000)
Nov/Dec 02
- 7kg Supplementary food/m (900kcal/p/d)

- **Targeted decentralised SFP**

- Started Jan 03 <5's and P/L women
- 10kg Supplementary food/m (1200kcal/p/d)

Programme strategy & structure

- **19 Decentralised distribution sites**
- **OTP (weekly) linked to SFP (2 weekly) through Clinics using MoH workers**
- **Hospital referral through OTP**
- **Develop Zonal hospital as stabilisation centre - 20 inpatient beds available**

- **Staff numbers**

- expatriate staff - 3

- national staff - 96

- OTP: 1 nutritionist, 3 nurses, 49 outreach workers.

- SFP: 40 distribution workers, 3 supervisors

- **Use of local structures and key individuals**

- 19 distribution sites most through clinics

- MoH clinic workers, seconded MoH supervisors



Admission & Treatment Protocols

OTP

- **admission criteria**

- <70% WFH, bilateral oedema + & ++ without complications , <11.0cm MUAC (Ht>75cm), >6m<4kg (all with appetite)

- **discharge criteria**

- OTP: $\geq 85\%$ WFH for 2 weights, free from medical complication
- Discharged to SFP for minimum 2 months

- **referral criteria to hospital**

- Medical complications, loss of appetite, increasing oedema, sustained weight loss / static weight

Hospital (stabilisation centre)

- **admission criteria**

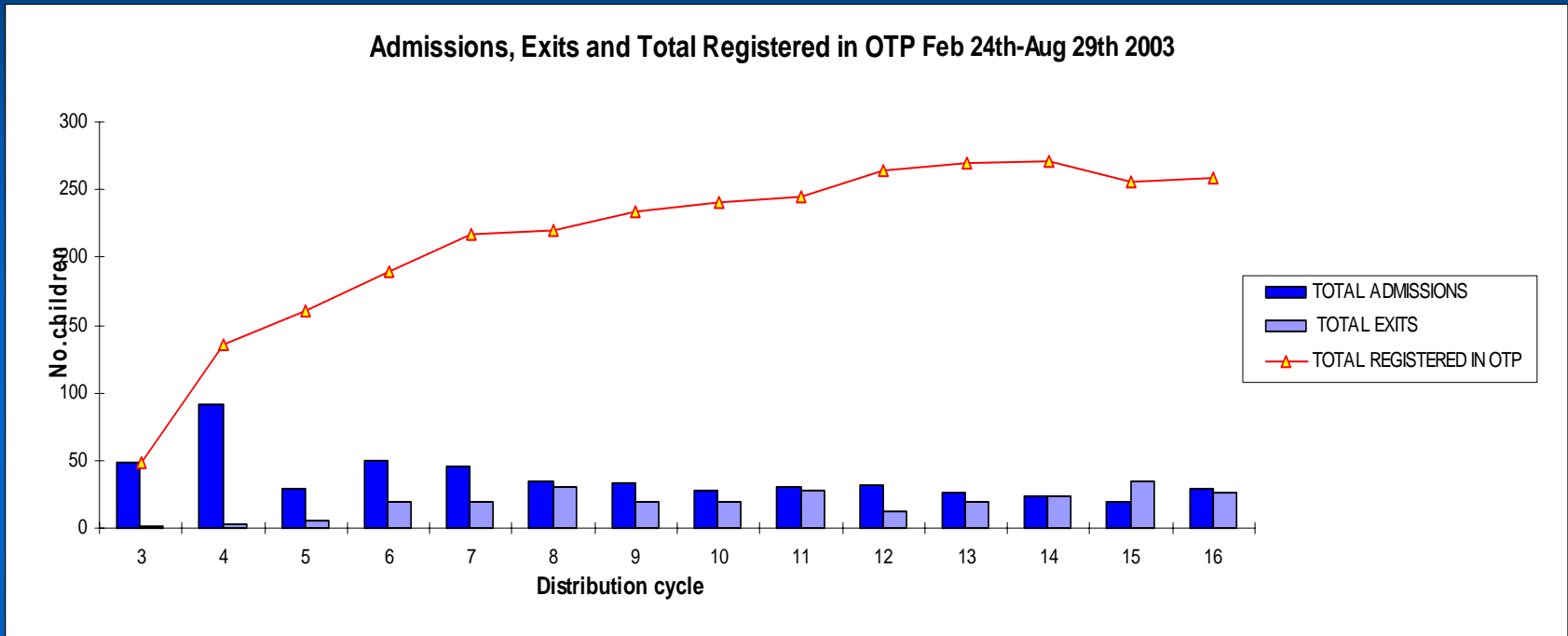
- Oedema grade 3

- As OTP with anorexia or medical complications

- **discharge to OTP**

- return of appetite, treated complications, reducing oedema

Process data (Feb – Aug 03)



- 487 severely malnourished children treated
- 16 admitted directly to inpatient treatment in hospital
- 471 admitted directly to OTP

Outcome data (Feb - Aug 03)

- **Total exits from OTP and Hospital 266**
- **174 (65.4%) recovered**
- **14 (5.3%) died (plus 9 in hospital: 8.6%)**
- **26 (9.8%) defaulted (distance, illness)**
- **52 referred to hospital from OTP**

- **Average length of stay in OTP - 80 days**

- Average No. days till death in OTP = 26
- Average No. days to default in OTP = 42
- Average length of stay in hospital = 7
- Average No. days till death in hospital = 7

- **Average weight gain**

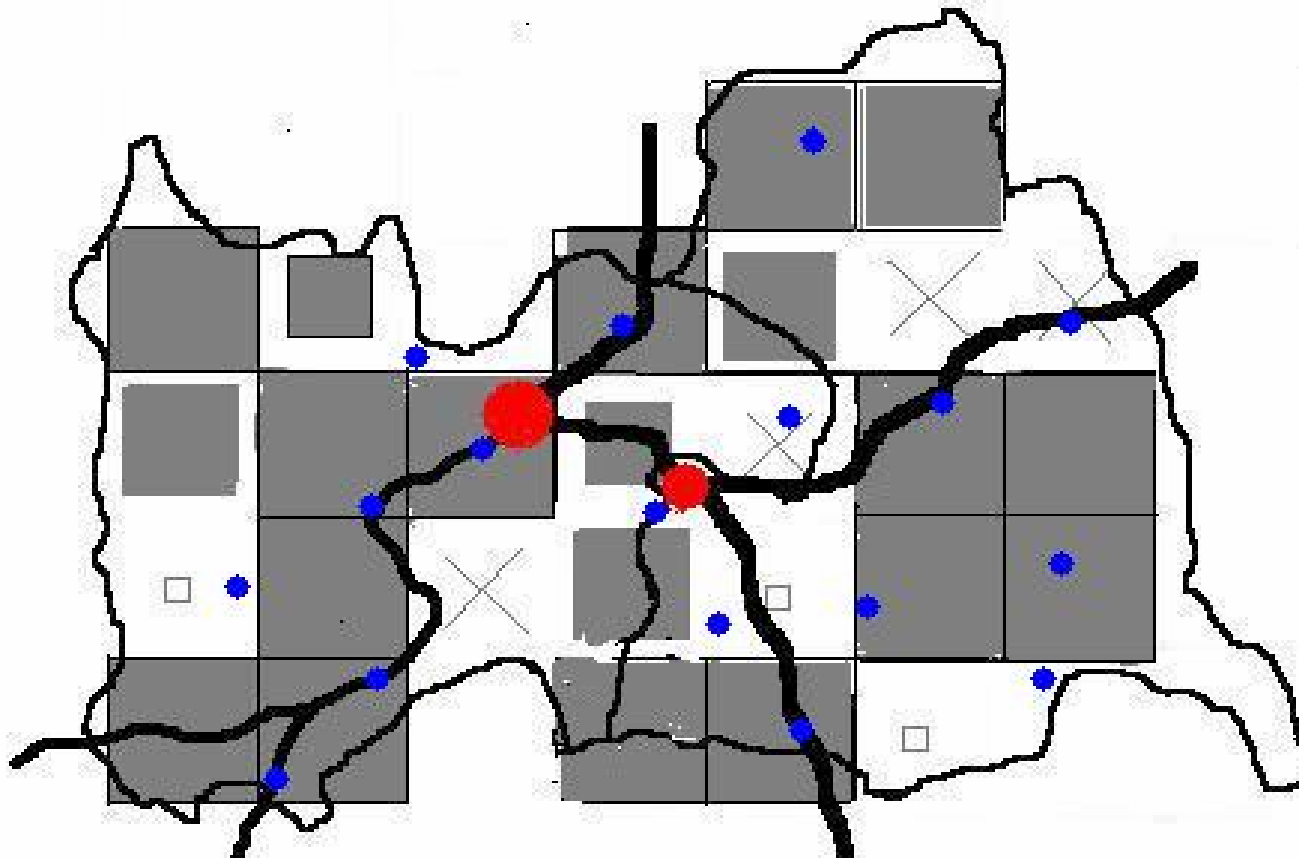
- Marasmus 4.5 g/kg/d
- Kwashiorkor 4.0 g/kg/d

Programme Coverage

- **67.7% of the target admitted (May 03)**
 - using revised targets from March 03 Nutrition Survey (SAM WFH 0.65%, OTP 536)
- **69.0% point estimate (Jun 03)**
 - using Optimally biased sampling method
- **77.5% recent estimate (Jun 03)**
 - using Optimally biased sampling method

Spatial Coverage

Spatial distribution of OTP cover in Kalu and Dessie Zuria



Programmatic issues of interest

- Community mobilisation and outreach – role expanded over programme
- High coverage despite area and terrain
- Stabilisation all managed by local hospital
- Treatment of OTP children by MoH clinic staff
- MoH health supervisors seconded to Concern
- Training: one day locally then on-the-job
- No per diems

Infants

- **Infants < 6 months**
 - 10 admitted (2% of total)
 - Support for breastfeeding and famix for mother
 - RUTF if able to take (or breastmilk not available) or at 6 months
- **Children > 6 months < 4kg**
 - 27 admitted (5.5% total)

MUAC Criteria

- **First 2 cycles MUAC <11.0cm for all children over 1 yr**
- **Changed (due to high numbers, and advice) to only children >75cm height**
- **Comparison of outcomes for this group (MUAC<11.0cm <75cm height) in OTP and SFP underway**

Treatment of Oedemas in OTP

- **Progress from distribution site:**
 - total 59 children admitted (15/59=25% oedemas)
 - 19 (32%) discharged to SFP (5/15=33% oedemas)
 - 40 (68%) recovering in programme (10/15=67% oedemas)
- **Outcomes**
 - 102 oedemas admitted to OTP
 - 6 died in OTP (5.8%)
 - 12 later referred to Hospital of which 3 died
 - Total deaths: 9/102 (8.8%)

Exit Strategy

- **OTP admissions continued by clinics - 2 weekly visits unless any specific concerns (eg. oedema, illness)**
- **Community Volunteers referring to OTP using MUAC and oedema**
- **No transport for hospital admissions**
- **Free treatment by arrangement (Kebele letter or hospital social worker)**
- **Discharge at 80%**

